

## SOLICITOR & PEDDLER REGISTRATION

## SANTA CLARA POLICE DEPARTMENT

601 El Camino Real • Santa Clara • (408) 615-4867

RENEWAL

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SANTA CLASSING SANTA
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Applicant Information:						
Full Name:	Last	First	Middle			
Address:	Street Address		Apartment/Unit #			
	City	State	Zip Code			
Phone #:		Email Address:				
Date of Birth:		Social Security #:	Social Security #:			
Driver's License #:		Driver's License S	Driver's License State:			
1) Do you currently hold or have held a Permit in another city? List cities if any.						
2) Have you EVER been arrested or convicted of any crime? If YES, please provide the date(s) and nature of offense(s).						
3) If you answered YES above, has the charges been dismissed or purged?						

Business Information:						
Business Name:						
Business Address:	Street Address		Apartment/Unit #			
City	State	Zip C	code			
Business Phone #:		Business Email Address:				
Type of Solicitation:						
Days and hours of Peddling:						
Method of solicitation: _						
Services/Items being sold:						
Delivering method:						
Selling Address:						
Private Property owner information:						
If applicable:						
Company supplier information:						
Commissary information:						
Employee(s) Information:						
Name	Address		DOB/Driver's License #			
Name	Address		DOB/Driver's License #			
Name	Address		DOB/Driver's License #			

## **List of Required Documents:**

- CA State Sellers Permit.
- Fictitious Business Name

At the time of appointment, you will need to bring the following: required documents, non-refundable fee. You must obtain a City Business Tax Certificate or pay the renewal fee if one has been previously obtained before the scheduled appointment with the Permits Unit.

## **Disclaimer and Signature:**

I DO HEARBY SOLEMNLY SWEAR/AFFIRM THAT THE INFORMATION AND ANSWERS I HAVE PROVIDED IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AUTHORIZE THE CITY OF SANTA CLARA, ITS AGENTS AND EMPLOYEES TO SEEK INFORMATION AND CONDUCT AN INVESTIGATION INTO THE TRUTH OF THE STATEMENTS SET FORTH IN THIS APPLICATION AND MY QUALIFICATIONS. I FURTHER UNDERSTAND THAT ANY MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS WILL BE GROUNDS FOR DENIAL OR FUTURE REVOCATION.

Print Name	Signature	DATE				
FOR OFFICIAL USE ONLY						
Date:	Fees Paid:	Livescan:				
CA Sellers Permit:	Records Check:					
Business License:	Permit Expiration Date:	Approved:				